



TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	09/033,832
Filing Date	March 3, 1998
First Named Inventor	Walter W. Mosher, Jr.
Art Unit	3611
Examiner Name	Green, B.

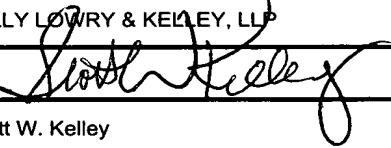
Attorney Docket Number

PREDYN-42891

ENCLOSURES (Check all that apply)

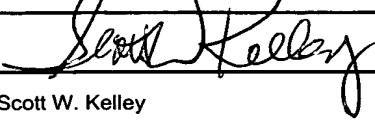
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KELLY LOWRY & KELLEY, LLP		
Signature			
Printed name	Scott W. Kelley		
Date	12/21/2004	Reg. No.	30,762

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Scott W. Kelley
Date	12/21/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

ATTENDANT TRADEMARKS FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) -0-

Complete if Known

Application Number	09/033,832
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First Named Inventor	Walter W. Mosher, Jr.
Examiner Name	Green, B.
Art Unit	3611
Attorney Docket No.	PREDYN-42891

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)
				Fee (\$)	Fee Paid (\$)		
10	- 20 or HP =	-0-	x 25 = -0-				
	HP = highest number of total claims paid for, if greater than 20						

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

3 - 3 or HP = -0- x 100 = -0-

HP = highest number of independent claims paid for, if greater than 3

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

10 - 20 or HP = -0- x 25 = -0- Fee (\$)

HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

3 - 3 or HP = -0- x 100 = -0- Fee (\$)

HP = highest number of independent claims paid for, if greater than 3 Fee Paid (\$)

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x = -0-

Fees Paid (\$)

- 0-

Fees Paid (\$)

-0-

Fees Paid (\$)

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[Signature] December 21, 2004

Date



AF
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	Group Art Unit: 3611
)	
Walter W. Mosher, Jr.)	Examiner: Green, B.
)	
Serial No. 09/033,832)	
)	
Filed: March 3, 1998)	Docket No. PREDYN-42891
)	
For: IDENTIFICATION DEVICE)	
HAVING REUSABLE)	
TRANSPONDER)	
<hr/>		

RESPONSE UNDER 37 CFR 1.116

MS: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to an Office Action mailed September 22, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.